

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	10-01-01
FORMALITY REVIEW	MH	920	10-02-01
RESPONSE FORMALITY REVIEW			

09/93/051

INDEX OF CLAIMS

✓ Rejected N No ~~Costs~~
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions
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26 10/01/01